

## Neosho, Missouri

# RECEIPT

THIS RECEIPT IS VALID FOR THE PURCHASE OF ANY PRODUCT IN THE COMPANY'S CATALOGUE.

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_  
 STATE: \_\_\_\_\_  
 ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_

DATE: \_\_\_\_\_  
 TIME: \_\_\_\_\_  
 PLACE: \_\_\_\_\_

ITEMS PURCHASED: \_\_\_\_\_  
 TOTAL: \_\_\_\_\_  
 PAID: \_\_\_\_\_  
 CHANGE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_  
 STATE: \_\_\_\_\_  
 ZIP: \_\_\_\_\_

REMARKS: \_\_\_\_\_  
 DATE: \_\_\_\_\_  
 TIME: \_\_\_\_\_  
 PLACE: \_\_\_\_\_

NEOSHO NURSERIES COMPANY

Neosho, Missouri